



MISSOURI DEPARTMENT OF REVENUE
**AMENDED CORPORATION
INCOME TAX RETURN -
FOR TAX YEARS 1992 AND PRIOR**

FORM MO-1120X (REV. 5-94)	DLN
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FOR TAX YEAR BEGINNING , 19 ENDING , 19

<input type="checkbox"/> A. CONSOLIDATED MO RETURN	<input type="checkbox"/> B. CONSOLIDATED FED/SEPARATE MO RETURN	<input type="checkbox"/> C. FINAL RETURN
<input type="checkbox"/> D. NAME, ADDRESS CHANGE	<input type="checkbox"/> E. FEIN CHANGE	<input type="checkbox"/> F. BANKRUPTCY

BUSINESS NAME	MTS/MO I.D. NUMBER	DOR USE ONLY
CORPORATION NAME	MO INCORPORATED NUMBER	FEDERAL I.D. NUMBER
NUMBER AND STREET	NAME USED ON ORIGINAL RETURN (IF SAME AS ON LEFT, WRITE "SAME")	
CITY OR TOWN, STATE, ZIP CODE	PARENT FEIN	DOR USE ONLY

REASON FOR AMENDMENT

CHECK ONE BOX INDICATING THE REASON FOR THIS AMENDED MISSOURI RETURN. THE APPLICABLE FEDERAL FORM 1139, 1120X, 4549, 4549A, AND/OR 5278 MUST BE ATTACHED. THIS INCLUDES CONSOLIDATED FEDERAL/SEPARATE MISSOURI FILERS.

<input type="checkbox"/> A. MISSOURI CORRECTION ONLY	<input type="checkbox"/> B. FEDERAL CORRECTION	<input type="checkbox"/> C. NET OPERATING LOSS
<input type="checkbox"/> D. INVESTMENT TAX CREDIT CARRYBACK	<input type="checkbox"/> E. IRS AUDIT (RAR)	

DOR USE ONLY



INCOME AND DEDUCTIONS		(A) AS ORIGINALLY REPORTED OR ADJUSTED	(B) NET CHANGE (INCREASE/DECREASE)	(C) CORRECT AMOUNT
1. FEDERAL TAXABLE INCOME - An amount should always be entered. If the amount is less than zero, zero must be used in the computations	1	00	00	00
2. Total Additions	2	00	00	00
3. Missouri Modifications - Subtractions	3	00	00	00
4. Missouri Dividends Deduction	4	00	00	00
5. FEDERAL INCOME TAX	5	00	00	00
6. MISSOURI TAXABLE INCOME - Line 1 plus Line 2, less Lines 3, 4 and 5	6	00		00
7. Apportionment Method ▶ [] and Percentage	7	%	%	%
8. MISSOURI TAXABLE INCOME - MO Sources - Line 7 times Line 6	8	00		00
9. ENTERPRISE ZONE INCOME MODIFICATION ▶ []	9	00		00
10. MISSOURI TAXABLE INCOME - Line 8 less Line 9	10	00		00

TAX				
11. MISSOURI TAX (5% of Line 10, except as instructed below)	11	00	00	00
NOTE: For all tax years beginning on or after January 1, 1990, but not after December 31, 1991 , use the income rates below:				
MISSOURI TAXABLE INCOME ON LINE 10:				
OVER \$0	BUT NOT OVER \$100,000	TAX RATE 5%	ON EXCESS OVER \$0	
\$100,000	\$335,000	\$5,000 + 6%	\$100,000	
\$335,000		\$19,100 + 6.5%	\$335,000	
12. Recapture of Missouri Low Income Housing Credit (See instructions) (Attach a copy of Federal Form 8611).	12	00	00	00
13. TOTAL TAX - Add Lines 11 and 12	13	00	00	00

CREDITS, PAYMENTS AND OVERPAYMENTS				
14. Total credits (from attached Form MO-TC, Line 14) ▶	14	00	00	00
15. Estimated tax payments (include overpayment in prior year approved as a credit for this year)				00
16. Payments on Form MO-60				00
17. Tax paid with (or after) the filing of the original return				00
18. Total of Column (C), Line 14 through Line 17.				00
19. Overpayment, if any, as shown on original return or as later adjusted				00
20. Subtract Line 19 from Line 18.				00

REFUND OR TAX DUE

(C) CORRECT AMOUNT

21. Overpayment - Column C, Line 20 less Line 13	▶	21		00
22. Amount remitted or amount of overpayment to be contributed to the Trust Funds				
▶ 22a.  Children's Trust Fund		00	▶ 22b.  Veterans Trust Fund	00
23. Overpayment to be credited to Estimated Tax (see instructions)	▶	23		00
24. Overpayment to be refunded (Line 21 less Lines 22a, 22b and 23)	REFUND ▶	24		00
25. TAX DUE - Column C, Line 13 less Line 20	▶	25		00
26. Underpayment of Estimated Tax (Attach Form MO-2220 or Form 30C)	▶	26		00
27. Interest	▶	27		00
28. Addition to Tax (for late filing or late payment)	▶	28		00
29. TOTAL DUE - Add Line 25 through Line 28	TOTAL DUE ▶	29		00
				DOR USE ONLY

PART 1 - LOSS CARRYBACK OR TAX CREDIT CARRYBACK

If a Loss Carryback or Tax Credit Carryback is involved in this amended return, complete the following. Consolidated Federal/Separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated Form 1139 or 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss.

1. Year of Loss	▶	1	M	M	D	D	Y	Y
2. Total Net Capital Loss Carryback	▶	2						00
3. Total Net Operating Loss Carryback	▶	3						00
4. Federal Income Tax Adjustment - Consolidated Federal/Separate Missouri filers must attach computations	▶	4						00

PART 2 - ALLOCATION AND APPORTIONMENT OF INCOME

IF FILING FORM MO-MS, COMPLETE THIS PORTION OF THE FORM IN ITS ENTIRETY USING INFORMATION FROM THE FORM MO-MS. (CHECK APPROPRIATE BOX)

1. Federal Net Operating Loss deduction	▶	1		00
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>THREE FACTOR APPORTIONMENT <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>SINGLE FACTOR APPORTIONMENT <input type="checkbox"/></p> </div> </div>				
2. Total Missouri property values	▶	2		00
3. Total everywhere property values	▶	3		00
4. Total Missouri wages/salaries	▶	4		00
5. Total everywhere wages/salaries	▶	5		00
6. Total Missouri sales	▶	6		00
7. Total everywhere sales	▶	7		00
8. Nonbusiness income - all sources	▶	8		00
9. Nonbusiness income - Missouri sources	▶	9		00

AUTHORIZATION/NON-AUTHORIZATION

<input type="checkbox"/> I authorize the Director of Revenue or his delegate to discuss this return and attachments with the preparer or any member of his/her firm.	<input type="checkbox"/> I do NOT authorize the Director of Revenue or his delegate to discuss this return and attachments with the preparer or any member of his/her firm.	DOR USE ONLY
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SIGNATURE - PLEASE SIGN BELOW

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500.00 shall be imposed on any corporation which files a frivolous return.

SIGNATURE OF OFFICER ▶	DATE	PREPARER'S SIGNATURE ▶	DATE	<input type="checkbox"/> S
TITLE OF OFFICER ▶	PHONE NUMBER	PREPARER'S ADDRESS AND ZIP CODE ▶	PHONE NUMBER	<input type="checkbox"/> F
				<input type="checkbox"/> U
				<input type="checkbox"/> P

MAKE CHECK OR MONEY ORDER PAYABLE TO "MISSOURI DIRECTOR OF REVENUE". INCLUDE YOUR MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK. MAIL TO: P.O. BOX 700, JEFFERSON CITY, MISSOURI 65105-0700.